



# Osteoporosis in Texas

2000-2001

Annual Report

of the Osteoporosis

Advisory Committee

early detection  
prevention  
and treatment

## Message from the Chairman

*Today, education is perhaps the most important function of state and local government.* U.S. Supreme Court Justice Earl Warren, May 17, 1954

I am proud to be a citizen of the State of Texas, a state which had the foresight in 1995 to initiate one of the earliest statewide osteoporosis education programs in the United States. To accomplish this ambitious goal, the 74th Texas Legislature passed Senate Bill 606, which charged the Texas Department of Health with appointing a committee that shall advise the board concerning rules relating to educating the public on the health benefits of the early detection, prevention and treatment of osteoporosis.

It has been my privilege these past five years to be one of the 17 members on this committee. A committee, which under the leadership of its chairman, Dr. Steven Petak, and with the invaluable aid of its dedicated Texas Department of Health staff, as well as the much appreciated support of industry, has been able to formulate, produce and disseminate an effective program of osteoporosis awareness. All have worked tirelessly and enthusiastically to bring together the committee, formulate a vision and mission, and effect that vision by various methods, such as ethnically sensitive, call-to-action brochures, tasteful magazine advertisements, as well as large, effective educational seminars. At the more unofficial level, being engaged on or with the committee has had the very real side benefit of making us all in our daily lives ambassadors of osteoporosis detection, prevention and treatment.

The honor of becoming the chair of the Texas Osteoporosis Advisory Committee was bestowed upon me in the fall of 2000. With that honor, I realize, however,

# education motivation

comes the very real responsibility of carrying forward the mission and vision of a group that formerly has been superbly led by Dr. Steven Petak and supported, guided and encouraged by dedicated members of the TDH staff and industry. With the support of everyone involved, we have begun the process involved in identifying and targeting individuals with osteoporotic fractures or taking corticosteroids. These individuals are currently a large high-risk group where our message could intervene to greatly reduce the number of osteoporotic fractures.

The most recent, but potentially farthest reaching accomplishment of the committee began in July of this year during a day-long strategic planning workshop. Assembled that day were representatives of virtually all the organizations from all over the state with a vested interest in disseminating the message of osteoporosis and fracture prevention. During this strategic planning workshop, key osteoporosis objectives for the state were formulated. The anticipated impact of achieving these objectives was outlined, and finally we began the process of identifying the partnership resources necessary for implementation.

With proper education and motivation, the citizens of the State of Texas do not have to suffer the prevalent, but not inevitable deterioration of bone strength. The Texas Osteoporosis Advisory Committee is committed to the goal of ensuring that education and motivation for our citizens.

Humbly,

Bill N. Griffin, M.D.

1	Message from Chairman
3	Osteoporosis: A Growing Concern for Texas
5	Osteoporosis Advisory Committee
18	Appendices
19	Osteoporosis Statutes
20	Osteoporosis Advisory Committee Members
21	Osteoporosis Advisory Committee Meeting Dates and Attendance
22	Osteoporosis Advisory Subcommittees

## table of contents

In Texas

2 million have  
osteoporosis

- Texans hospitalized with osteoporotic fractures average 8.5 days in the hospital for hip fracture and eight days for vertebral fracture.
- National statistics show that 10 to 20% of people with hip fracture die within six months
- 1/2 cannot walk without aid
- 1/4 require long-term care
- Nursing home stays account for 1/3 of total medical costs for osteoporosis in Texas.

## Osteoporosis: A Growing Concern for Texans

Osteoporosis is a major public health threat for more than 28 million Americans. In the United States today, 10 million individuals already have the disease and 18 million more have low bone mass, placing them at increased risk for osteoporosis. Americans experience 1.5 million fractures annually and as a result of the disease incur costs approaching \$14 billion each year for medical and institutional care.

In Texas, almost two million individuals have osteoporosis or low bone mass. In the year 2000, it is estimated that osteoporosis caused almost 72,000 bone fractures in Texans, at a cost of \$977 million. Over the next decade, cumulative total fractures could reach almost 800,000 and cumulative total costs may exceed \$10.8 billion.

Osteoporosis is an age-related bone disease that manifests itself in an increased risk of fracture due to the loss of bone mass. Because it is a silent disease that typically goes undetected until a fracture occurs, osteoporosis presents an enormous public health challenge as well as a substantial opportunity for effective preventive measures. Because the disease is age-related, the social, economic and health impact of osteoporosis is expected to increase rapidly into the next century as the Texas population ages.

Osteoporosis is preventable, yet the majority of individuals with osteoporosis are undiagnosed and untreated. Only one-third to one-half of men and women with osteoporosis are diagnosed, and fewer receive treatment. Even in high-risk groups, treatment is uncommon. For example, adults who present with fractures and those on long-term corticosteroid therapy, both high-risk groups, are seldom evaluated and treated for osteoporosis.

## In the year 2000,

---

it is estimated that osteoporosis caused almost 72,000 bone fractures in Texans, at a cost of \$977 million.

The serious and debilitating consequences of osteoporosis are often unrecognized. Hospitalization is the beginning of a long and difficult recovery period. Texans hospitalized with osteoporotic fractures average 8.5 days in the hospital for hip fracture and eight days for vertebral fracture. National statistics show that 10 to 20% of people with hip fracture die within six months, half cannot walk without aid, and one-fourth require long-term care. Nursing home stays account for one third of total medical costs for osteoporosis in Texas.

Currently, almost three-fourths of osteoporosis costs occur in older Texans. This share will rise exponentially over the next 25 years when the Texas population aged 50 and older is expected to increase by 72%. Osteoporosis educational programs should include a special focus on middle-aged and mature adults, and educators should not overlook men. Prevention efforts should begin in childhood and continue through the life cycle. Early diagnosis and treatment may prevent costly fractures in the future.

## osteoporosis is preventable



Senate Bill

606

educate/publicize/identify

## Osteoporosis Advisory Committee

### History and Overview

Recognizing osteoporosis as a growing public health concern for Texans, the 74th Texas Legislature in 1995 passed Senate Bill 606. This legislation directed the Texas Department of Health to develop an Osteoporosis Awareness and Education Program. The Program's objective is to heighten the awareness of the almost two million Texans who have an increased risk of fracture because of low bone mass. The legislation further directed the Board of Health to appoint a committee to advise the Board of Health and staff on strategies to educate the public on osteoporosis and to serve as subject matter experts on issues related to osteoporosis. In 1996, the Osteoporosis Advisory Committee was appointed to perform three main functions: educate the public on the causes and risk factors for developing osteoporosis; publicize the value of early detection and prevention; and identify the most cost-effective options available for treatment.

The Osteoporosis Advisory Committee is composed of seventeen members who are appointed by the Board of Health. The Committee includes six public members and eleven professional members. Since its inception, the Committee has worked to develop a growing awareness of osteoporosis in Texas through annual awareness campaigns, biennial statewide conferences, and the development of customized materials disseminated through local health departments and grassroots community organizations. During the last year, September 1, 2000 through August 31, 2001, a conservative estimate indicates that members donated a total of 600 hours with an economic impact of \$60,000 in order to attend Committee meetings and work on projects initiated by the Committee. Staff expended some 2200 hours on osteoporosis related activities in 2000-2001.

## The Year in Review

### First Fracture and Glucocorticoid Initiatives

The Osteoporosis Advisory Committee, under the leadership of Chairman Bill N. Griffin, M.D. and Vice-Chairman Rogene E. Tesar, Ph.D., had a very busy and productive year. At the cornerstone of their work were two initiatives: first fracture and glucocorticoid. Much has been written worldwide about the effectiveness of identifying patients, who present with a fracture or who are on long-term steroid therapy, for osteoporosis evaluation and treatment. While it is established that a first fracture as an adult is a significant predictor of future fracture and osteoporosis, only a small percentage of these patients are identified for follow-up. Whether it be in a premier multi-speciality hospital or public health clinic in the United States or Europe, the identification and follow-up of these patients is extremely poor. Less than 20% of patients presenting with fractures are identified for further detection, prevention and treatment.

Similarly, there have been a number of papers that have shown conclusively the severe effects of prolonged steroid therapy on the skeletal system, increasing the risk for fracture. Yet few of these patients are evaluated for osteoporosis.

Recognizing the opportunity to implement a cost effective preventive health measure that may reduce the incidence of fracture, the Advisory Committee developed a plan to increase identification and evaluation of high-risk patients. A Hospital Subcommittee was formed to assess current practices, research available protocols, and identify effective methods to approach hospitals, clinics and specialty practices with a product that will facilitate the identification and follow-up of these patients. The Hospital Subcommittee is currently drafting a proposal to hospital boards and physician practices that will define the problem and detail recommended clinical pathways. The goal is to institutionalize the first fracture and glucocorticoid initiatives as a standard of care.

Less than 20% of patients presenting with fractures are identified for further detection, prevention and treatment.

"eat calcium,  
get vitamin D,  
exercise"

### Annual Osteoporosis Awareness Campaign

Each year the Advisory Committee directs an osteoporosis awareness campaign with activities beginning in May and extending to the fall. Past campaigns have capitalized on the use of mass media to reach a large portion of the Texas population with preventive health messages. Media campaigns have included print advertisements, newspaper articles, television interviews, and radio PSAs. This year saw the introduction of mass transit advertising. From May 2001 through May 2002 Austin buses will carry prominent signage that says "Join the Moovovement for Strong Bones!" alongside a herd of cattle sporting cowboy boots. The buses also carry the message "eat calcium, get vitamin D, exercise" along with the Program's toll-free information number.

While media continues to play an important role in spreading the word about osteoporosis, this year's campaign focused more on the development of community tools and partnerships.

#### "Join the Moovement for Strong Bones":

a community tool kit for spreading the word about osteoporosis". This resource was developed to assist local communities with the implementation of osteoporosis activities and events targeted for National Osteoporosis Prevention Month in May. Tool kit components include preventive information and fact sheets about osteoporosis, ideas for activities and events, keys to an effective event, working with the media, and several resources. The kit will be distributed to key individuals in each community, representing a local health department or grassroots community organization. Activities will be coordinated through the Texas Department of Health's Osteoporosis Program and posted on the Program's Web site.



# Most interviewed healthcare providers preferred print materials with easily understandable copy and for older adults, larger print and simple graphics.

## Healthcare Provider Tool Kit.

In preparation for the development of an educational packet for use by healthcare providers with their patients, interviews were conducted with clinicians and agencies across the state. Those interviewed represented a variety of settings, including private practice, visiting healthcare providers, group adult care, and university program directors. They were asked about their educational setting and opportunities, and preferences for patient materials. Patients primarily fell into two categories: those reached in a group setting and those educated one-on-one through physician visits. Most interviewed healthcare providers preferred print materials with easily understandable copy and for older adults, larger print and simple graphics. Accompanying videos for group settings were also favored. A notebook format will be developed to include background information for the healthcare provider or group educator and reproducible easy to read, large print patient handouts. Additionally, the notebook will include a sample of all TDH osteoporosis publications with an order form. The availability of these notebooks will be marketed through TDH's Put Prevention Into Practice (PPIP) program and through a direct mail campaign to Texas physicians.

## Worksite Module.

In preparation for designing an employee wellness module, large Texas employers with diverse geography and industry and organizations that have experience in designing and implementing worksite programs were interviewed. Among other questions, interviewees were read a list of 14 health issues and asked to rate them as to how much of an impact they have on the organization's bottom line and to what extent each would be a priority to implement as part of an employee wellness program. While osteoporosis had no compelling results, back injuries were



generally  
speaking,  
what the  
corporate  
office adopts,  
the company  
uses

number one for impact and priority. As a result of this survey and other information gleaned from interviews, the following recommendations are made:

- Partner with professional associations who address back injury prevention to develop back care materials that include basic information on osteoporosis. Develop two pieces: (1) information for employees that is simple, available in multiple formats, and includes a piece that is employee-driven and sustained; and (2) a presentation and marketing package that targets human resource professionals, occupational health professionals, health benefits managers and wellness coordinators. The presentation would include basic information on back injury prevention and explain how to get and use the employee materials. The presentation and back care materials could be piloted with the Society for Human Resource Management, which has 32 chapters, and the Texas Occupational Nurses Association.
- Market the presentation and materials at the corporate level. Generally speaking, what the corporate office adopts, the company uses. Companies often look to local health departments for materials. The local health departments should have a ready supply of TDH osteoporosis materials and refer companies interested in a back injury program to the TDH Osteoporosis Program.
- Evaluate the impact of any intervention.

In addition to the method outlined above, graduate students at The University of Texas Health Science Center School of Nursing in Houston, are working on another approach to developing an employee wellness program. Under the leadership of Advisory Committee member Judith Headley, Ph.D., R.N., two graduate students have focused in on one major company in the Houston area to conduct a needs and interests assessment, design a prototype for an osteoporosis module and pilot the prototype with company employees. Pilot test results will be incorporated into the development of a final product for the worksite.

# Relationships are the foundation for successful health education interventions.

## Partnerships.

Relationships are the foundation for successful health education interventions. From its inception, the Program has worked to grow partnerships with local health departments and grassroots community organizations. Community groups and individuals were instrumental in the development, evaluation and dissemination of TDH's customized osteoporosis education materials. Through these local conduits, the Program has been able to reach Texans throughout the state with important health messages. This year, an emphasis was placed on solidifying established relationships and exploring new partnership opportunities. A teaching unit was developed and administered to 90 Visiting Nurses Association staff working in southeast Texas who provide home health care to convalescing individuals. The purposes of the presentation were to raise the general awareness of osteoporosis and the availability of materials from TDH, encourage healthcare workers to identify "teachable moments" in patient interaction, assess current knowledge levels of healthcare workers about osteoporosis, assess the usefulness of a brief intervention with health workers about osteoporosis, and gather input from healthcare staff about additional opportunities for osteoporosis education. Many participants noted that they learned additional facts about the prevalence of osteoporosis, the importance of spreading calcium intake through the day, and the rapidity of bone loss after menopause. Fall prevention was a topic of significant interest to participants who noted that most of the fractures they see occur in the bathroom. Many suggested that Medicare be encouraged to pay for bathroom safety items, such as grab bars and bath benches, which are currently not reimbursable. Education through church groups and senior citizen groups as well as presentations in shopping malls was also suggested.

A similar training presentation will be conducted with Meals on Wheels, a program funded and coordinated through the Area Agencies on Aging of the Texas Department on Aging. Meals are provided in both congregate and home settings. Contract requirements include providing nutritional programming and other relevant topics, making Meals on Wheels an ideal conduit for the dissemination of osteoporosis prevention literature.

evaluations  
serve as road  
maps for  
future  
materials  
development

The Texas Nurses Association is an umbrella organization for a number of sub-groups with an average member age of 45 and a journal that is mailed to approximately 5,000 nurses. Recently, as a pilot project, the Nurse Oncology Education Program delivered through the Association journal two continuing education contact hours on the topic of pain management. The response was overwhelming, according to their Director of Communication. Osteoporosis would be a natural choice for a similar approach, being both professionally and personally appropriate for this audience. This is an avenue that may be pursued by the Advisory Committee.

Opportunities for newsletter partnerships also exist. Placement of osteoporosis prevention information in their publications has been agreed upon by the following organizations:

- Texas Nurses Association
- Visiting Nurses Association, Houston
- Maurice Burnett Geriatric Wellness Center, Plano
- YWCA, El Paso
- St. James Episcopal Church, Austin
- LULAC Texas
- Texas Dental Hygienists Association

### Evaluation.

It is the policy of TDH that all materials developed and disseminated by the Department be evaluated by the end user. In FY 2000 an extensive evaluation of the customized osteoporosis materials developed and initially distributed in 1999 was conducted. Similarly, an evaluation of the Osteoporosis Resource Guide, developed in FY 2000, is in progress. Results of these evaluations are used to modify the existing materials where needed and serve as a road map for future materials development. An initial mailing to 600 local health departments, county extension



special project being conducted

agents and grassroots community organizations was sent in June with a brief survey designed to ascertain the general appeal and utilization of the publication. Results are currently being collected and tabulated. More in depth interviews with end users are forthcoming.

### Behavioral Risk Factor Surveillance System (BRFSS)

A special project is currently being conducted by the Department's Behavioral Risk Factor Surveillance System (BRFSS) for the Osteoporosis Program. BRFSS is a federally funded telephone survey conducted on a monthly basis of 1500 randomly selected adult Texans to collect data on lifestyle risk factors contributing to the leading causes of death and chronic diseases. Included in its most recent instrument are questions relating to the health related quality of life, health care access, osteoporosis, estrogen replacement therapy, and physical activity (to include weight bearing physical activity). In addition to interviewing Texas men and women, proxy data will be collected from children in randomly selected households. Questions to children will garner information on time spent engaged in moderate and greater physical activity and time spent in front of a computer, television or video games. Data collection shall be completed by December 31, 2001.

### The Cost of Osteoporosis to the State of Texas: Projections for 2000-2025

Epidemiologist Celan Alo, M.D. of the Department's Bureau of Chronic Disease and Tobacco Prevention earlier this year prepared a summary of osteoporosis related hospital discharges utilizing Texas hospital discharge data from the first and second quarters of 1999. The report includes data on the frequency and types of osteoporosis-related fractures by age, sex and race. Average lengths of hospital stays are also presented.

Utilizing the data presented in Dr. Alo's report and the cohort-based Markov analytic model, a team of epidemiologists at Procter & Gamble Pharmaceuticals,

In the year  
2000, it is  
estimated that  
osteoporosis  
caused almost  
72,000  
bone fractures  
in Texans,  
at a cost of  
\$977 million.

led by Russel T. Burge, Ph.D., conducted a comprehensive cost analysis of osteoporosis to the state of Texas. The Markov model (a decision-tree analytic model) was designed to simulate the natural history of osteoporosis. It follows patient cohorts over time from a healthy state through ensuing health states, such as bone fractures. Innovative techniques were applied to the model to generate population level costs by age and by year over the next 25 years.

The analysis shows that osteoporosis-related fracture costs are quite substantial and will continue to increase over the next quarter of a century. In the year 2000, it is estimated that osteoporosis caused almost 72,000 bone fractures in Texans, at a cost of \$977 million. Total costs are projected to increase from the base year 2000 level of \$977 by 11%, 26% and 82% in 2005, 2010 and 2025, respectively. Total osteoporosis fractures will grow from almost 72,000 in 2000 to 91,108 (27%) in 2010 and to 103,869 (82%) by 2025.

As the population continues to age, osteoporotic fractures and associated costs will increase dramatically. While preventive education is important at all ages, there is an urgent need for education of those people age 50 and above. A great majority of osteoporosis costs will occur in the oldest age groups. Individuals who will be 75 or older in 2025 are already at least age 50. For many of these Texas residents, active intervention is needed now to prevent costly fractures. The burden of osteoporosis on the Texas healthcare system is substantial and will grow rapidly over the next two decades. Data compiled and analyzed within this study supports the need for effective interventions to diagnose and treat osteoporosis early and to prevent costly fractures.

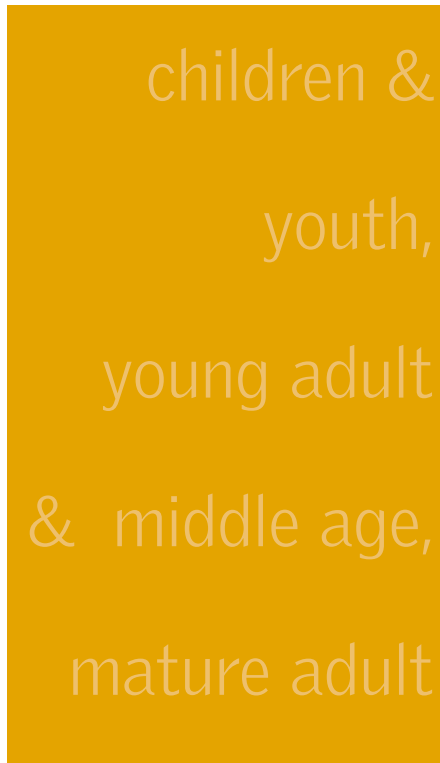
## Strategic Planning Meeting

The Advisory Committee hosted a statewide strategic planning meeting for osteoporosis on July 13, 2001 in Austin. Some 80 healthcare providers, consumers and other stakeholders met to begin the process of developing a statewide plan to reach Texans of all ages, ethnicities and geographical areas with osteoporosis education. The meeting was facilitated by Jan Christensen, J.D., M.S.W. of the Michigan Department of Community Health, who led a similar effort in Michigan, Georgia and Connecticut.

Participants pre-selected one of three work groups: children and youth, young adult and middle age, and mature adult. They were given the following charge:

By the end of this strategic planning workshop, participants, using simplified strategic planning and nominal group process techniques, will have identified and drafted 12 to 15 key osteoporosis objectives for the state, described the anticipated impact of the achievement of each objective, and begun the process of identifying the internal and external partnership resources necessary for implementation.





Areas of discussion included:

- Public awareness and education
- Healthcare provider education
- Policies and environmental interventions
- Partnerships
- Data and evaluation

Numerous ideas were generated and these were captured for future reference. Each group prioritized the ideas and made the following recommendations.

### Children and Youth

- In accordance with Senate Bill 19 passed during the 77th Legislative Session: (a) work with the State Board of Education to promote mandatory daily physical activity in elementary schools; and (b) add an osteoporosis component to the coordinated school health program implementation requirement to be implemented no later than September 1, 2007.
- Define target audiences for children and youth. Listen to them. Base interventions and messages on research.
- Promote a different way of serving breakfast at school – in the classroom instead of cafeteria – for all students.
- Provide more information on bone health and health screening tools to healthcare providers who take care of kids.

### Young Adult and Middle Age

- Promote osteoporosis education in the workplace. Partners: petroleum, phone, technology, union, Texas Work Force, Human Resources Associations, Association for Worksite Health Promotion, and retiree organizations. Refer to Michigan plan.
- Educate practitioners/other professionals. Partners: personal trainers, social workers, family practice, American Academy of Nurse Practitioners, LVNs, obstetricians and gynecologists, professional organizations, pharmacists, dentists, dental schools, orthopedists, pharmaceutical companies, health educators, radiologists, medical technologists, dietitians, and chiropractors.



- Increase availability of education in communities through partnerships. Partners: PTAs, mammography sites, radiologists, car registration sites, churches, day cares, spas, gyms, malls, grocery stores, post office, and restaurants.
- Develop a Web site possibly called "Softbones.com". Conduct research before designing the site.
- Conduct a comprehensive social marketing campaign – research, outcomes, and implementation. Gather qualitative and quantitative data.
- Look into the possibility of developing an osteoporosis postage stamp.

### Mature Adult

- Establish standards of care for osteoporosis and promote through professional education.
- Focus efforts on fall prevention, using a holistic view to include:
  - education
  - building codes
  - health care providers/nursing homes
  - partners – home building companies and associations, EMS and fire fighters. Pennsylvania has a statewide intervention.
- Target minority populations – Asian, Hispanic, African-American – with culturally appropriate materials.
- Develop an osteoporosis advocacy structure, comprised of one or more citizen groups. Network with existing organizations.
- Empower mature Texans to take charge of osteoporosis – through awareness and education.
- Conduct a behavioral risk factor surveillance study.



## Future Directions

In the first quarter of fiscal year 2002, input from the strategic planning meeting will be refined and integrated by group leaders and staff. This will help to form the body and substance of the Texas Osteoporosis Strategic Plan, which will help to direct Texas' programmatic thrust and activities over the next three years.

The Advisory Committee will continue working on projects in progress, many of which will be incorporated into the strategic plan. Additionally, the Committee will conduct an osteoporosis summit in the spring of 2002, following on the success of their two previous conferences in 1998 and 2000.

The Committee began their education efforts by targeting women age 45 to 55, often referred to as the sandwich generation. They often provide care for their aging parents as well as their own children and families, and in this pivotal role are excellent messengers for health information. Additionally, 45 to 55 is generally the age at which women go through menopause, placing them at increased risk for developing osteoporosis or osteopenia. Customized materials were developed for Asian, Caucasian, Hispanic and African American women age 45 to 55 a few years back. These materials have been widely disseminated in Texas and in many other states. Because of these materials, the summits, the Program's Web site and toll-free information line, and the expertise and commitment of the Advisory Committee and staff, TDH's Osteoporosis Program is nationally recognized as a leader in osteoporosis awareness and education.

While successful in reaching women age 45 to 55, the Committee sought to expand their reach to all ages, ethnicities and geographical areas by partnering with other stakeholders across the state. While there is no other organization in Texas solely dedicated to osteoporosis education, through careful research several individuals and groups were identified as potential partners. Eighty of some 110 invited individuals recognized the need and had the desire to participate in a very successful strategic planning meeting this summer. Many will continue with the planning process, which will result in a three year plan for osteoporosis programming and provide future direction for the Program.

# Appendices

- A Osteoporosis Statutes
- B Osteoporosis Advisory Committee Members
- C Osteoporosis Advisory Committee  
Meeting Dates and Attendance
- D Osteoporosis Advisory Subcommittees

# Appendix

# A

## Appendix A

### Health and Safety Code

#### Chapter 90. Osteoporosis

##### § 90.001. Findings

The legislature finds that:

- (1) osteoporosis, a bone-thinning disease, is a major public health problem that, in many cases, remains undiagnosed, resulting in fractures, pain, disability, and immobility;
- (2) early detection and prevention are critical health care strategies for those at risk of osteoporosis; and
- (3) it is in the public interest of this state to promote public awareness of the benefits and value of the early detection, prevention, and appropriate treatment of osteoporosis.

Added by Acts 1995, 74th Leg., ch. 71, § 1, eff. May 11, 1995.

##### § 90.002. Osteoporosis Program

Using existing resources, the department shall educate the public on the causes of osteoporosis and the personal risk factors associated with the development of osteoporosis, publicize the value of early detection and prevention, and identify the most cost-effective options available for treatment.

Added by Acts 1995, 74th Leg., ch. 71, § 1, eff. May 11, 1995.

##### § 90.003. Task Force

- (a) In developing the program created by Section 90.002, the commissioner may appoint a task force to make recommendations on strategies for educating the public on the health benefits of early detection and prevention of osteoporosis.
- (b) Members of the task force are not entitled to compensation, a per diem, or expense reimbursement for their service on the task force.

Added by Acts 1995, 74th Leg., ch. 71, § 1, eff. May 11, 1995.

# Appendix B

## Osteoporosis Advisory Committee Members

### Consumer Representatives

Roma E. Ball, M.Ed.  
Austin  
12/31/04

Wanda Franklin, M.B.A.  
Trophy Club  
12/31/02

Felicia Castillo Morales, B.A.  
San Antonio  
12/31/02

Joan M. Pickard, B.A.  
Irving  
12/31/06

Jo B. Sparks-Parker, M.B.A.  
Longview  
12/31/06

### Other Representatives

Joyce Elaine Ballard, Ph.D., M.A.  
The University of Texas at Tyler  
12/31/02

Mary Claire Kinney Bielowicz,  
Ph.D., R.D., L.D., C.F.C.S.  
Texas Cooperative Extension  
Texas A&M University  
College Station  
12/31/02

Bill N. Griffin, M.D., Chairman  
Obstetrical and Gynecological  
Associates of Corpus Christi  
12/31/06

Jan B. Hamilton, Ph.D., R.D., L.D.  
Nutritional Biomedicine  
Plainview  
12/31/02

Judith Ann Headley, Ph.D., R.N.  
The University of Texas Health  
Science Center School of Nursing  
Houston  
12/31/04

Martha Rammel Hinman, Ed.D., P.T.  
The University of Texas Medical Branch  
Galveston  
12/31/04

Steven Michael Petak, M.D., J.D.,  
F.A.C.E.  
Texas Institute for Reproductive  
Medicine and Endocrinology  
Houston  
12/31/06

Sharon F. Robinson, Ph.D., M.S., R.D.  
Texas Cooperative Extension  
Texas A&M University  
College Station  
12/31/06

Rogene E. Tesar, Ph.D., R.D., L.D.,  
C.M.R.T., Vice-Chairman  
North Austin Medical Center  
Austin  
12/31/02

Eugenia Beth Tickle, Ed.D., R.N.  
Midwestern State University  
Wichita Falls  
12/31/04

William W. Wong, Ph.D., M.S.  
Baylor College of Medicine  
Houston  
12/31/06

### Ex-Officio Member

Janet Hieshetter  
National Osteoporosis Foundation  
Chicago

### Texas Department of Health Staff

Elaine Braslow, M.Ed.  
Program Administrator IV

Jamie Cook  
Administrative Technician II

Evelyn Quinones  
Administrative Technician I

Mary Somerville  
Staff Services Officer I

Anne E. Williamson, M.Ed.  
Director, Adult Health Program

Appendix

B

## Appendix C

### Osteoporosis Advisory Committee Meeting Dates and Attendance

#### September 13, 2000

Mary Claire Kinney Bielałowicz,

Ph.D., R.D., L.D., C.F.C.S.

Wanda Franklin, M.B.A.

Bill N. Griffin, M.D.

Judith Ann Headley, Ph.D., R.N.

Martha Rammel Hinman, Ed.D., P.T.

Charles E. McConnel, Ph.D., M.A.

Felicia Castillo Morales, B.A.

Steven Michael Petak, M.D., J.D.,  
F.A.C.E., Chairman

Rogene E. Tesar, Ph.D., R.D., L.D.,  
C.M.R.T.

Joan M. Pickard, B.A.

Jo B. Sparks, M.B.A.

Rogene E. Tesar, Ph.D., R.D., L.D.,  
C.M.R.T., Vice-Chairman

William W. Wong, Ph.D., M.S.

#### April 20, 2001

Roma E. Ball, M.Ed.

Mary Claire Kinney Bielałowicz, Ph.D.,  
R.D., L.D., C.F.C.S.

Wanda Franklin, M.B.A.

Bill N. Griffin, M.D., Chairman

Judith Ann Headley, Ph.D., R.N.

Martha Rammel Hinman, Ed.D., P.T.

Felicia Castillo Morales, B.A.

Joan M. Pickard, B.A.

Sharon F. Robinson, Ph.D., M.S., R.D.

Rogene E. Tesar, Ph.D., R.D., L.D.,  
C.M.R.T., Vice-Chairman

William W. Wong, Ph.D., M.S.

#### January 26, 2001

Roma E. Ball, M.Ed.

Joyce Elaine Ballard, Ph.D., M.A.

Mary Claire Kinney Bielałowicz, Ph.D.,  
R.D., L.D., C.F.C.S.

Wanda Franklin, M.B.A.

Bill N. Griffin, M.D., Chairman

Jan Hamilton, Ph.D., R.D., L.D.

Felicia Castillo Morales, B.A.

## Appendix D

### Osteoporosis Advisory Subcommittee

#### Hospital Subcommittee

Bill N. Griffin, M.D., Convener

Wanda Franklin, M.B.A.

Jo Sparks-Parker, M.B.A.

Rogene E. Tesar, Ph.D., R.D., L.D.,  
C.M.R.T.

#### Certification Subcommittee

Rogene E. Tesar, Ph.D., R.D., L.D.,  
C.M.R.T., Convener

Joan M. Pickard, B.A.

William W. Wong, Ph.D., M.S.

#### Worksite Subcommittee

Judith Ann Headley, Ph.D., R.N.,  
Convener

Martha Rammel Hinman, Ed.D., P.T.

Allan McBride

Sharon F. Robinson, Ph.D., M.S., R.D.

Jennifer Smith, M.S.H.P.

Wanda Tierno



Osteoporosis Advisory Committee  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199  
(512) 458-7111  
<http://www.tdh.state.tx.us/osp/osteo>

